Clark County Department of Community Services
Behavioral Health Services

Level/Element of Care Clinical Guidelines

2006-2008

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Clark County Regional Support Network
Level/Element of Care Clinical Guidelines

The Clark County RSN (CCRSN) Clinical Guidelines were developed as a framework when considering the authorization of medically necessary services for children, youth and adults who are eligible to receive treatment for psychiatric disorders from state or federal funding. In order to facilitate appropriate care management, the Clinical Guidelines have defined each level/element of care and the service expectations for that level/element. Additionally, two dimensions for each level/element of care were developed to support the decision making process in determining initial and continued authorization for that level/element of care. The two dimensions addressed are: (a) the symptom/behavioral aspect, and (b) the service or treatment plan aspect for each individual consumer. Criteria for admission are described for each level/element of care and are based on the primary presenting problem. Level/element of care authorization decisions require agreement between the consumer, family (when permitted), provider and the CCRSN as to the appropriateness of the goals of the individualized treatment plan with the proposed level/element of care.

The CCRSN Clinical Guidelines take into account the differences in the treatment needs for adults and children/adolescents and their families and are separated accordingly. These guidelines do not specify the individual programmatic components for each level/element of care. It is expected, however, that the attending physician should see all consumers at an acute inpatient level/element of care daily for medication management or the management of a concomitant medical condition as part of the treatment plan. It is also expected that all intensive level/element of care services provide appropriate and necessary monitoring of behavior and medication, family therapy and education, group therapy and rehabilitation activities. The treatment provided should meet the consumer driven individualized goals and should be directed at improving social/interpersonal/coping skills and independent functioning.

While it is not the intent of these guidelines to dictate treatment, all consumers are expected to receive a comprehensive evaluation, which includes an assessment of risk, especially taking into account the consumer's level of psychosocial functioning and natural support system. For all level/element of care, a strength-based bio-psychosocial approach to assessment and evaluation, with the development of a multi-modal treatment plan, is required.

This bio-psychosocial assessment should include: mental status exam findings, a clinical formulation narrative that summarizes medical necessity and substantiates diagnosis(es), and a comprehensive five axis *DSM-IV-R* diagnosis. The assessment and *DSM-IV-R* diagnosis will be completed prior to the authorization of care. The exceptions to this are crisis assessment and intake assessment for routine outpatient care, made in order to provide timely access to care.

Given that the Continuing Stay criteria are consistent for all level/element of care and for children, youth and adults, they are presented here as follows:

Continued Stay Criteria

- Admission criteria continue to be met.

AND *all of the following…*

- The individual is determined to have a mental illness. The diagnosis must be included as a covered diagnosis in the list of covered disorders.

- The individual's impairment(s) in life domains and corresponding need(s) must be the result of a covered mental health diagnosis, AND
    - The individual has a current GAF or C-GAS of 70 or below (not required for children under age 6), and at least moderate functional impairment in one or more domains; OR
    - The individual's current symptoms and history demonstrate a significant likelihood of functional deterioration if mental health treatment is discontinued.

- The interventions are deemed necessary to improve, stabilize or prevent deterioration of functioning resulting from the presence of a covered mental health diagnosis, and are provided in accordance with the CCRSN's policies and guidelines.

- The individual is expected to benefit from the intervention.
    - The individual demonstrates rehabilitative potential to achieve a decrease in or control of the symptoms of the covered mental illness or their consequences; OR
    - The individual's current symptoms and history demonstrate that mental health treatment is necessary for him or her to maintain gains in order to prevent rapid deterioration, to maintain community safety, or to avoid hospitalization.

- Any other formal or informal system or support would not be more appropriate to meet the individual's unmet need(s) resulting from a covered mental health diagnosis.

Adult Mental Health
Level/Element of Care Medical Necessity Criteria

It is the philosophy of the Clark County Regional Services Network (CCRSN) to provide quality treatment to all consumers based on both their strengths and individualized needs. The ultimate goal of the CCRSN is to support the consumer in maximizing their fulfillment of the innate potential toward independence, recovery and autonomy. The CCRSN strives to operationalize this philosophy by developing a partnership with the consumer, family (whenever permitted), and the provider to provide the right intensity of services at the appropriate time. This is accomplished through the development of an individualized and tailored treatment plan.

The treatment plan must be based on a bio-psychosocial assessment which includes the consumer's strengths while addressing the clinical needs of the consumer. The development of an appropriate treatment plan should be performed in collaboration with the consumer, his or her family (if available and advisable) and focused on the provision of care in the least restrictive treatment environment. Individualized tailored care (ITC) seeks full involvement of the consumer in which consumer voice drives the development and revision of the treatment plan. When requested by the consumer, an individual support team (wrap around team) as identified by the consumer, should help determine the consumer's needs and strengths with the goal of the consumer's full ownership in the plan. ITC shall be based on the strengths (assets) and desires of the consumer across all life domains and his or her family and natural supports. ITC should begin with education on the nature of the mental illness or emotional/behavioral problem the consumer is experiencing and the range of options for treatments, skill building and supports available in the system. These options should include not only medications and formal psychotherapies, but also alternative approaches that may be appropriate to the age, language, ethnic culture and preferences of the consumer. Services/supports are comprehensive, addressing needs in several life domain areas such as family, housing, educational/vocational, medical, social/recreational, psychological, emotional, legal, and safety. Services shall be informed by and coordinated with other formal service systems and/or informal support systems in which the consumer is involved. These services/supports are developed creatively and flexibly to meet the unique needs of the consumer. Categorically defined services or programs should not hinder the treatment plan. The treatment plan should be linked to specific goals as defined by the consumer with estimated timeframes for review and/or completion.

The individualized tailored treatment plan should also include a discharge/aftercare/termination plan which is recovery oriented and is consistent with the available resources that meet the consumer's and/or family's specific ongoing needs. For all consumers who are frequent users of crisis, emergency room, inpatient services and/or who have multiple agency involvement and/or at risk of out-of-community placement, an ITC team (wrap around team) will be formed to assist in stabilization in the least restrictive community-based setting. When appropriate, a crisis management plan and/or advanced directive must also be a component of the comprehensive assessment and contained in the clinical record.

The bio-psychosocial assessment and the development and continual review of an individualized tailored treatment plan leads to the initial authorization and continued stay based on medical necessity for each of the following level/element of care.

Crisis Assessment Services

Crisis assessment services are separate, identifiable, organized units or services whose goal is to assess and/or resolve psychiatric emergencies without the requirement of more restrictive care. A mental health crisis is defined as a turning point in the course of anything decisive or critical, a time, a stage, or an event or a time of greater danger or trouble, whose outcome decides whether possible bad consequences will follow. Crisis services are intended to stabilize the individual in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available.

- There is evidence of an imminent or current psychiatric emergency, but indication for inpatient confinement requires a comprehensive assessment.

AND *all* of the following…

- A licensed mental health professional completes a comprehensive bio-psychosocial assessment and mental status exam, which result in a multi-axial DSM-IV-R diagnosis and treatment/disposition plan.

- Maximal attempts are made to coordinate the treatment and timely disposition plan in collaboration with current treatment providers.

Crisis Stabilization

Crisis Stabilization services are provided to individuals who are experiencing a mental health crisis. These services can be provided in the person's own home, or another home-like setting which provides safety for the individual and the mental health professional. Stabilization services are short term, face-to-face assistance with life skills training, and understanding of medication effects. This service includes: 1) follow-up in crisis services; and 2) other individuals determined by a mental health professional to need stabilization services. The crisis stabilization bed (hospital diversion bed) is a specialized form of crisis assessment and stabilization service provided by an adult residential facility which offers an acute psychiatric management environment twenty-four hours per day, seven days per week.

ANY *one* of the following…

- There is evidence of an imminent or current psychiatric emergency, but indication for inpatient confinement needs further verification.

- Acute and serious functional deterioration is present, but the patient's history suggests that the patient is likely to respond to medications or acute titration of current medications.

AND *all* of the following…

- A comprehensive bio-psychosocial assessment and mental status exam are completed by a licensed mental health professional which results in a multi-axial DSM-IV-R diagnosis and treatment/disposition plan.

- An active attempt is made to involve relevant family and/or support systems.

- Acute medication management and monitoring are available.
- Psychotherapeutic interventions emphasize crisis intervention strategies with intent to stabilize the consumer.
- If not hospitalized, arrangements are made for the patient to begin services at the appropriate level/ element of care or to coordinate with the current service provider once crisis stabilization is achieved.

Acute Inpatient

It is expected that all patients at an acute inpatient level be seen daily by the attending physician for acute medication management and/or the management of a concomitant medical condition as part of the treatment plan. For a voluntary admission into acute inpatient, an authorization for reimbursement must occur prior to placement in this level/element of care.

ANY *one* of the following…

Serious and imminent risk of harm to self or others or grave disability due to a psychiatric illness, e.g.,

- Recent and serious suicide attempt(s) as indicated by the degree of intent, impulsivity, impairment of judgment, and/or inability to reliably contract for safety.
- Current suicidal ideation with intent, realistic plan, and/or available means.
- Recent self-mutilation that is medically significant and dangerous.
- An active and realistic plan, intent and available means intended to seriously injure another person.
- Recent assaultive behaviors that indicate a high risk for recurrence and serious injury to others.
- Recent and serious physically destructive acts that indicate a high risk for recurrence and serious injury to others.
- Serious and acute deterioration in functioning from a psychiatric illness, resulting in an inability to care for self that could be dangerous.
- Serious disturbance of affect, behavior, thought process, or judgment which cannot be managed safely in a less restrictive environment.

AND *all* of the following…

- The treatment plan includes close supervision for the monitoring of behavior, the effects/possible side effects of medication, and any co-morbid medical problems, including the availability of specialty medical consultation.

- The treatment plan includes participation by the family and/or social support network, unless clinically not appropriate.

- The treatment plan includes linkage and/or coordination with appropriate community resources with the goal of returning the consumer to his or her regular social environment as soon as possible.

- The treatment is not for the purpose of providing custodial care, respite for the family, or purely for antisocial behavior or legal problems.

- The treatment is not simply a substitute for an intermediate level of care or for more frequent office-based medication management and psychotherapy visit.

- The consumer cannot be safely managed in a less restrictive environment.

Residential

Residential services provide active treatment through specialized programming with observation and supervision twenty-four hours per day and are located in freestanding facilities. These services are appropriate for situations in which a consumer's support system is non-existent, or is so significantly challenged that treatment in a less acute or non-community based setting is likely to be unsuccessful or when there is a history of multiple, recent hospitalizations. The CCRSN has established two levels of residential services: Adult Residential Rehabilitation Center (ARRC), and Adult Congregate Care Facility (CCF). A screening and wait list policy and procedure as outlined in Clark County's RSN Policies and Procedures establish placement in each of these service types.

Adult Residential Rehabilitation Center (ARRC)

ANY *one* of the following…

- The presence of a pattern of severe impairment in psychosocial functioning due to a psychiatric illness.

- The presenting signs and symptoms of a psychiatric illness clearly demonstrating a requirement for 24-hour structure, supervision and active treatment.

- Deterioration of the consumer's psychiatric condition with the likelihood of requiring inpatient care if the consumer is not in a residential treatment program.

The following should be considered as priorities when there is a wait list for residential services.

- Priority A: Consumers in residence at Western State Hospital who have been assessed by the hospital liaison and determined ready to return to the community but who would not be able to sustain their community placement without access to ARRC level of care.

- Priority B: Consumers currently in the community who constitute a high risk for state hospital commitment as evidenced by a history of frequent or lengthy local hospitalizations; recurring suicidal ideation or attempts; grave disability due to a persistently severe mental health disorder; and/or a history of homelessness or poor ability to live in a less restrictive setting.

- Priority C: Consumers with a severe and persistent mental health disorder who do not constitute a high risk but who have a history of homelessness or who require significant assistance in order to be maintained within the community.

Adult Congregate Care Facility (CCF)

ANY *one* of the following…

- Consumer requires assistance to administer medication.
- Consumer may have medical problems that need daily monitoring by staff.
- Consumer is able to maneuver independently in the physical environment.
- Consumer needs reminders, support and/or assistance to perform activities of daily living.
- Consumer's psychiatric symptoms interfere with daily functioning such that regular contact, training and/or supervision are needed to maintain stability.
- Consumer is in need of 24-hour staffing in order to maintain health and safety needs.
- Consumer is at minimal risk for dangerous behaviors in the community and is able to manage independently for brief time periods in the community without staff supervision during the day.

AND *all* of the following for both elements of care…

- Inpatient treatment is not required.
- The consumer is sufficiently stable from a medical and psychiatric standpoint to be able to participate and benefit from a twenty-four hours per day, seven days per week structured milieu.
- The treatment plan focuses on symptom reduction and realistic/achievable improvements in functioning, and treatment goals are specific, measurable and designed to determine progress toward an appropriate discharge disposition.
- The treatment plan includes active participation by the family and/or social support network, unless clinically not appropriate.
- The treatment plan includes linkages and coordination with appropriate community resources with the goal of returning the patient to his or her regular social environment as soon as possible.
- The treatment is not for the purpose of providing custodial care, respite for the family, or purely for antisocial behavior or legal problems.
- The treatment is not for the sole purpose of increasing social activity, or used as a substitute for other social/community resources.

- The treatment is not simply a substitute for more frequent office-based medication management, case management, rehabilitative or psychotherapy visits.

- The treatment cannot be safely provided in a less restrictive environment.

Day Support

Day Support is an intensive rehabilitative program that provides a range of integrated and varied life skills training (health, hygiene, nutritional issues, money management, maintaining living arrangement, symptom management) for consumers to promote improved functioning or a restoration to a previous higher level of functioning. The staff to consumer ratio is 1:20. Day Support services provide available services for at least five hours per day and five days per week. Consumers may be admitted directly to this level/element of care or transferred from Acute Inpatient following acute stabilization.

ANY *one* of the following…

- Acute impairment in psychosocial functioning due to the presence of severe symptoms/behaviors caused by a psychiatric illness.

- Acute deterioration in the consumer's psychiatric condition, associated with the likelihood of requiring acute inpatient care if patient is not in the Day Support program.

- The consumer requires frequent monitoring of behavior and/or medication without the need for 24-hour structure, monitoring and nursing care.

- The consumer's clinical condition requires the structure, monitoring and medical/psychological intervention available in a day support program.

AND *all* of the following…

- The treatment plan includes active participation by the family and/or social support network, unless clinically not appropriate.

- The treatment plan includes linkage and coordination with appropriate community resources with the goal of returning the consumer to his or her regular social environment as soon as possible.

- The treatment is not for the purpose of providing custodial care, respite for the family, or purely for antisocial behavior or legal problems.

- The treatment is not for the sole purpose of increasing social activity, or used as a substitute for other social/community resources.

- The treatment is not simply a substitute for more frequent office-based medication management or psychotherapy visits.

- The treatment cannot be safely provided in a less restrictive environment.

High Intensity Services

High Intensity Services are provided to consumers who require a multi-disciplinary treatment team in the community that is available upon demand based on the individual consumer's need. Twenty-four hours per day, seven days per week, access is required. These services are designed to rehabilitate individuals who are experiencing severe symptoms in the community, and can avoid more restrictive level/element of care such as psychiatric inpatient hospitalization, residential placements or incarcerations.
High Intensive Services are necessary when the consumer's condition requires the structure, monitoring and medical/psychological interventions at least three hours per day, three times per week such as PACT. The staff to consumer ratio for this service is no more than 1:15, with the exception of the evidence-based practice, PACT which is a 1:10 ratio.

ANY *one* of the following…

- Acute impairment in psychosocial functioning due to the presence of severe symptoms/behaviors caused by a psychiatric illness.
- Acute deterioration in the consumer's psychiatric condition, associated with the likelihood of requiring acute inpatient care if patient is not in the Day Support program.
- The consumer requires frequent monitoring of behavior and/or medication without the need for 24-hour structure, monitoring and nursing care.
- The consumer's clinical condition requires the structure, monitoring and medical/psychological intervention available in a day support program.

AND

At least *one* of the following…

- The consumer has had at least two (2) acute inpatient hospitalizations in one year.
- The consumer has had frequent contact with crisis assessment and/or crisis stabilization programs.
- The consumer has had frequent contact with the criminal justice system.

AND *all* of the following…

- The treatment plan includes active participation by the family and/or social support network, unless clinically not appropriate.
- The treatment plan includes linkage and coordination with appropriate community resources with the goal of returning the consumer to his or her regular social environment as soon as possible.
- The treatment is not for the purpose of providing custodial care, respite for the family, or purely for antisocial behavior or legal problems.

- The treatment is not for the sole purpose of increasing social activity, or used as a substitute for other social/community resources.

- The treatment is not simply a substitute for more frequent office-based medication management or psychotherapy visits.

- The treatment cannot be safely provided in a less restrictive environment.

Outpatient

Outpatient services are the primary form of mental health assistance purchased by the CCRSN for eligible consumers. These services are brief to moderate in duration and can be clinic- or community-based care based on the desire of the individual and/or family. As all of the other level/element of care, these services must be individualized and tailored to meet the unique needs of the person. Under this level/element of care are the following modalities and services:

Brief Intervention Treatment
Individual Treatment
Medication Management
Medication Monitoring
Mental Health Clubhouse
Psychological Assessment
Special Population Evaluation
Family Treatment
Peer Support
Supported Employment
Therapeutic Psycho-educations
Group Treatment
Jail Transition Services
Respite Care

ANY *one* of the following…

- Clinical symptoms or behaviors caused by a psychiatric illness.

- Impairment/deterioration in psychosocial functioning due to a psychiatric illness.

- Psychiatric illness requiring psychotropic medication maintenance and monitoring.

AND *all* of the following…

- The consumer is not at serious risk for harm to self or others.

- The consumer exhibits adequate behavioral control to be treated in this setting.

- The presence of clear, reasonable and objective treatment goals with estimated timeframes for the consumer's symptoms and diagnosis.

- The treatment is not solely for the purpose of social support or a substitute for social community resources.

- The treatment plan includes linkage and coordination with appropriate professional and community resources, **especially when there are multiple service providers.**

- The treatment plan includes participation by the family/social support network when indicated and to the extent possible.

Outpatient Termination/Discharge Criteria

Discharge criteria may be applied at any point throughout treatment.

Ongoing reassessment is inherent in all level/element of mental health treatment. Discharge criteria apply to an individual whenever:

- They have met their individual treatment outcomes; OR
- They are no longer benefiting from treatment; OR
- They request termination of treatment; OR
- They are not participating in treatment and have not responded to engagement efforts within the last 90 days, and imminent risk issues are not present; OR
- Their treatment needs can be met through other services available within their support network; OR
- Their care has been transferred to a non-CCRSN provider or system that meets their mental health needs; OR
- They move out of their current RSN/PIHP. (If the individual informs their current provider that they wish to continue mental health services with the CCRSN in their new location, the Inter-RSN Transfer Policy and Procedure will apply); OR
- Their whereabouts are unknown and reasonable efforts to contact them have been unsuccessful; OR
- They are deceased.

Child and Adolescent Mental Health
Level/Element of Care Medical Necessity Criteria

It is the philosophy of the Clark County Regional Support Network (CCRSN) to provide quality treatment to all children, adolescents and their families based on the child's or youth's strengths and needs with the ultimate goals of independence, self autonomy and fulfilling innate potential. The CCRSN strives to operationalize this philosophy by developing a partnership with the child/youth, their family, and other community partners to provide the most clinically appropriate intensity of services at the right time.

Child and Adolescent Mental Health Level/Element of Care criteria were developed as a framework when considering the authorization of medically necessary services for children and adolescent who are eligible to receive treatment for psychiatric disorders from state or federal funding, including Medicaid recipients who are eligible for services under EPSDT.

A treatment assignment protocol, incorporating the Level/Element of Care, should be developed based on the authorization principles as defined below. A child or adolescent is assigned to services according to the medical necessity criteria. The treatment assignment protocol should be flexible, guided by the philosophy that services should be assigned to meet the individual child's or adolescent's needs even when they do not "exactly" meet the criteria for a particular level/element of care. As well, when treatment is indicated, the treatment may be authorized as requested or an alternative is presented. The utilization management and review may also be part of a continuous quality improvement process that provides ongoing data on a child or youth's progress towards their individualized treatment outcomes.

Authorization Principles

- Treatment must meet medical necessity criteria. There must be a current DSM-IV diagnosis which reflects a demonstrated deficiency in adaptive functioning. The services provided must directly address specific preventative, diagnostic, therapeutic, rehabilitative or palliative needs of the child or youth.

- In general, treatment is provided to alleviate symptoms associated with major DSM-IV diagnoses and to lessen the manifestation of symptoms of Axis II diagnoses. The intent of treatment is to restore the child or adolescent to their previous level of adaptive functioning or to a higher level of functioning which the child or adolescent can maintain.

- Treatment will be rendered in the most clinically appropriate least restrictive environment possible at the desire of the individual/family.

- Access to treatment will be responsive according to standards of care that incorporate strength-based, family-centered models. These models will utilize collaborative efforts between treatment providers and child (when appropriate), adolescent and their family members in defining the presenting problems in solvable terms, setting realistic goals for change, be time-limited and solution-focused, and building on both family strengths and community resources.

- Treatment should also be directed to help prevent further decompensation and/or provide stabilization in emergent situations.

- Treatment will be provided for children and adolescents who meet medical necessity criteria based on their DSM-IV diagnosis and who require mental health rehabilitation for their disorders. The Level/Element of Care Medical Necessity Criteria will not be applied to children or youth without a diagnosable mental health disorder who are experiencing social service, legal and/or academic problems requiring an alternative placement.

Crisis Stabilization

Crisis stabilization is a specialized form of crisis assessment and intervention designed to provide community-based alternatives to psychiatric hospitalization through the use of an array of intensive care coordination, crisis respite and other intensive in-home resources. The program offers an acute mental health management environment in which services are available twenty-four hours per day, seven days per week. Through a wrap around framework, extended family, community and natural resources are combined with more traditional mental health services to bring about safety, stabilization and community integration. Psychiatric evaluation, medication monitoring and crisis respite (up to 72 hours) services are also available to enrolled consumers. Certified Peer Support Professionals offer weekly activities including additional parent training, respite, and family activities through an organized Family Support Network.

Crisis stabilization may be provided for up to twenty-four hours without pre-authorization. An authorization is required after twenty-four hours, and requires a face-to-face crisis assessment by the Children's Mobile Crisis Team or Southwest Medical Center Emergency Department crisis staff. Crisis stabilization services may be authorized for up to 90 days.

Service Criteria

BOTH of the following…

- The child or youth is experiencing acute symptoms of a mental health disorder and/or serious functional deterioration that creates an imminent risk of self-harm or harm to others. Examples include increased aggression in both frequency and intensity, serious threats or attempts of suicide or self-harm, or pronounced symptoms of psychosis and/or mania that severely limit the child or adolescent's daily functioning.

- There is evidence of a current mental health emergency, with the probability of inpatient hospitalization if Crisis Stabilization services were not available.

AND *all* of the following…

- The child or youth's parent(s) or caregivers are unable to safely manage the problem symptoms and behaviors.

- Family and/or formal and informal supports systems are willing to engage in the development and implementation of the crisis stabilization plan.

(Description of treatment history)
The child or youth's history suggests that they are likely to respond to an intensive wrap around approach.

Acute Inpatient

It is expected that all children and youth at an acute inpatient level are seen daily by the attending physician for acute medication management and/or the management of a concomitant medical condition as part of the treatment plan. For a voluntary admission into acute inpatient, an authorization for reimbursement must occur prior to placement in this level/element of care.

ANY *one* of the following…

Serious and imminent risk of harm to self or others due to a psychiatric illness, and cannot be managed by use of crisis stabilization services. Examples are:

- Recent and serious suicide attempt(s) as indicated by the degree of intent, impulsivity, impairment of judgment, and/or inability to reliably contract for safety.
- Current suicidal ideation with intent, realistic plan, and/or available means.
- Recent self-mutilation that is medically significant and dangerous.
- An active and realistic plan, intent and available means intended to seriously injure another person.
- Recent assaultive behaviors that indicate a high risk for recurrence and serious injury to others.
- Recent and serious physically destructive acts that indicate a high risk for recurrence and serious injury to others.

AND *all* of the following…

- The treatment plan includes close supervision for the monitoring of behavior, the effects/possible side effects of medication, and any co-morbid medical problems, including the availability of specialty medical consultation.
- The treatment plan includes active participation by the family and/or social support network as identified by family and/or significant caregivers.
- The treatment plan includes linkage and/or coordination with appropriate community resources (including school) with the goal of returning the child or youth to his or her regular social environment as soon as possible.
- The treatment is not for the purpose of providing custodial care, respite for the family, or purely for truancy/runaway behavior, antisocial behavior or legal problems.
- The treatment is not simply a substitute for intensive or targeted outpatient mental health service level/element.
- The child or youth cannot be safely managed in a less restrictive environment.

Outpatient

Outpatient services are the primary form of mental health assistance purchased by the CCRSN for children, youth and their families. These services can be brief to high in duration and intensity. The services are flexible and can be clinic-based, community-based or both depending on the individualized needs of the child or youth and preference of the family. These services are linked to other formal or informal child/family-serving systems that are involved with the child, youth and family based on family/primary caregiver desire and consent. As with the other service elements, these services must be culturally and linguistically appropriate to the needs of the child, youth and family and meet the goals of an individualized and tailored treatment plan. These levels/elements are not to be seen as static. Thus, children, youth and families may move from one level/element to another based on need, family preference and authorization from the CCRSN. Pre- Authorization is required for each of these level/element of care with utilization review occurring every six months.

ANY *one* of the following…

- Clinical symptoms or behaviors caused by a psychiatric illness.
- Impairment/deterioration in psychosocial functioning due to a psychiatric illness.
- Psychiatric illness requiring psychotropic medication maintenance and monitoring.

Intensive Service Level/Element

Intensive services are designed to meet the needs of children or adolescents who have elevated acuity of symptoms and sustained functional deterioration for whom traditional services alone are not effective. Services are community-based and are high intensity, flexible, and coordinated through a wrap around team approach. Services are available seven days a week, twenty-four hours per day when necessary and may use traditional and non-traditional approaches. Services include in-home supportive services, therapeutic foster care respite, care coordination, skills training and coaching, mentoring, resource development, medication management services and transition of care planning.

Intensive services require a face-to-face assessment by the Children's Mental Health Crisis Team and authorization by a CCRSN Care Manager. Services may be authorized for up to six months.

AND *two* of the following…

(Description of symptoms, functioning)

- The child or youth may demonstrate moderate dangerousness that includes suicidal/homicidal ideation with no imminent plan or sustained intent, self-mutilation without suicidal intent or medical consequence, or aggressive or impulsive behavior without specific suicidal or homicidal plan or intent.
- The child or youth has moderate to severe functional impairment in two or more life domains such as school, home, recreation, or social activities.
- The child or youth has limited or not yet identified strengths and/or resiliency factors that are typically identified as key indicators for recovery.

(Description of recovery environment)

- The child or adolescent and/or family are involved with multiple child-serving systems and require intensive involvement using a wrap around team model approach to coordinate care.

- The family or caregiver is experiencing difficulty following treatment recommendations or is indicating unwillingness to provide the care the child or adolescent requires.

- The child or adolescent is assessed by the provider to be safely maintained in a home environment or community placement with a wrap around team approach. The child or youth and family or caregivers lack natural supports or are experiencing difficulties mobilizing community resources to assist them in addressing critical needs.

(Description of treatment history)

- The child or adolescent has a history of multiple crisis episodes, multiple hospitalizations, recent inpatient psychiatric hospitalization resulting in a failure to return to baseline or is at risk of out of home placement.

- Universal or targeted elements of care are not intensive or flexible enough to effectively address the needs of the child or adolescent and family.

Targeted Service Level/Element

Targeted services are for children or adolescents who display multiple symptoms and functional impairments in more than one life domain and/or who are involved with multiple child-serving systems. Services are both community- and office-based and encourage family participation. Service frequency and intensity is moderate to high with flexibility in the time and location of service delivery. Services may include individual or group counseling, case management, medication management, behavior management, skills training, community support services, family therapy and/or wrap around team meetings once a month. Services should be provided at least 60% out in the individual's community. Targeted services are authorized by a CCRSN Care Manager for six months and may require a face-to-face assessment by the Children's Mobile Crisis Team when either transitioning from a higher element or a lower element.

AND *all* of the following...

(Description of symptoms, functioning)

- The child or adolescent has multiple and/or significant symptoms with some risk of self-harm or harm to others, such as intermittent suicidal ideation, aggressive or disruptive behavior, psychosis, or recurrent depression.

- There is evidence of some deterioration in functioning in one or more life domains, such as isolation from or conflict with family or caregivers, teachers, or peers, truancy from school or failure to perform required schoolwork.

(Description of recovery environment)

The child or adolescent and/or the parent(s) or caregiver are involved with multiple child-serving systems, such that service coordination is critical to effective mental health treatment.

(Description of treatment history)

- It has been demonstrated that Universal services and/or other child serving services have not been sufficient to meet the child or adolescent's needs or are not projected to meet their needs; OR

- The child or adolescent's functioning and/or symptoms have improved through the provision of Intensive or Crisis Stabilization services and can be maintained with fewer or less service contacts.

Universal Level/Element

Universal Services are designed to meet the needs of children and adolescents who have short term or situational mental health problems or whose problems have been stabilized and/or are partly met by other child-serving systems. Services are mostly office-based but may also occur in the community based on the needs of the child, youth, and the family. They include individual, group and/or family counseling, medication management, and limited service coordination. Universal Services are typically less frequent than the other level/element of care.

Services are authorized by a CCRSN Care Manager for up to six months.

AND *all* of the following…

(Description of symptoms, functioning)

- The child or adolescent has mild- to moderate-symptoms, such as depression, anxiety, or disruptive behavior, with little or no risk of self-harm or harm to others.

- There is minimal or transient impairment in functioning such as completing school assignments, minor isolation from or conflict with family and/or peers, mild defiance.

(Description of recovery environment)
The child or adolescent's home, school and/or community environment may range from supportive to stressful. Stress may be due to temporary or transitional situations, such as personal loss, a change of residence, a new teacher, or illness in the family.

(Description of treatment history)
The child or adolescent and family or caregiver demonstrates the capacity and willingness to engage in treatment and/or has responded positively to more intensive treatment but extended treatment is required to maintain gain.

Outpatient Termination Guidelines

***One* of the following…**

- The child or youth has demonstrated sufficient improvement and is able to function adequately without any evidence of significant risk to self or others and without significant impairment in psychosocial functioning.

- Resolution or acceptable reduction in clinical symptoms and behaviors that necessitated treatment.

- Psychotropic medication and monitoring for possible relapse is no longer required.

- The child, youth and/or their family refuses treatment, or repeatedly fails to engage with the recommended treatment after three (3) attempts, and has been informed of any associated risks and alternative referrals.

AND

- There is an appropriate discharge plan with mobilization of appropriate and necessary community resources, if indicated.